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ABSTRACT

This paper reports a practicum which attempted to improve delivery of speech language services to children with speech language handicaps in two elementary schools without pulling students out of regular classes. The speech language pathologist (SLP) implemented a collaborative approach with regular teachers providing support in the areas of identifying the student's current level of functioning and planning for intervention specific to the student's area of deficit. Collaboration was also implemented in the review and evaluation of language requirements and materials used in the classroom and the development of techniques to meet the needs of children with diverse academic and cultural backgrounds. Additionally the SLP provided parents with evidence for the effectiveness of classroom based interventions. A team teaching and peer coaching delivery model was used at both school locations. The practicum resulted in services being provided to children previously unserved, to establishing collaborative relationships with some teachers in each school, and to formulating plans to expand the collaborative approach in the following year. Appendices include diagrams illustrating the previous and experimental delivery models, a SLP mission statement, and the 4-year plan for model implementation. (Contains 43 references.) (DB)

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Development Of A Collaborative Speech-Language-Hearing Model For Service Delivery To Mild And Moderately Language Handicapped Students In An Elementary School.

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by

Flavia Ramcharan-Griffin

Cluster XXXX

A Practicum II Report presented to the Ed.D Program in Child and Youth Studies in Partial Fulfillment of the Requirements for the Degree of Doctor of Education

NOVA UNIVERSITY

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PRACTICUM APPROVAL SHEEET

This practicum took place as described.

Dr. T. Sizemore

Title: Principal, Sheridan Elementary School.
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9/24/93
Date

This practicum report was submitted by Flavia Ramcharan-Griffin under the direction of the advisor listed below. It was submitted to the Ed.D Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

10-14-93
Date of Final Approval of Report

Mary Staggs
Dr. M. Staggs

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A great deal of thanks is proffered to those teachers who unselfishly allowed me to join in their classrooms, and formulate this model change.

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Finally, the writer wishes to dedicate this practicum to the memory of Dr. Jean Harrell whose life provided an exemplary model for this venture and the entire Nova process. As Eleanor Roosevelt stated "It is not fair to ask of others what you are not willing to do yourself". Dr. Harrell thank you for "being" and "doing".

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Abstract

The development of a collaborative speech-language delivery model disseminated through itinerant services. Ramcharan -Griffin, Flavia, 1993: Practicum II Report, Nova University, Ed.D Program in Early and Middle Childhood. Descriptors: Collaboration/Speech Delivery Whole Language Collaboration Team Teaching/Language Delivery Speech Language Pathologists/Classroom Setting Speech Delivery/ Co-operative learning

This practicum was based on the premise that the development of a successful collaborative speech language delivery program required the unified effort of all teachers, administration and speech pathologists in a school environment. Activities were presented through the curriculum of choice using group dynamic techniques, agreed to by the speech-language pathologist and the teacher, which enhanced the receptive, expressive and social interactions of the students and teachers in the classroom.

Speech students who were targeted for inclusion in this Practicum qualified for severe language or fluency disorders as dictated by the speech-language guidelines of each individual state.

Student progress was achieved through completion of 75% of Individualized Education Plan speech objectives, and ability to spontaneously utilize the linguistic format correctly within the context of their regular classroom setting.

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CHAPTER I

INTRODUCTION

Description of Community

The work setting involves two elementary schools which are located in a town of 15 square miles. The town has a population of approximately 16,600. Of this number, 65% are African-American, 34% are Caucasian, and the remaining one percent is of other ethnic heritage. The encompassing metropolitan area has 12 manufacturing companies, each hiring about 300 persons. Customary service industries for manufacturing, transport and tourism have also been established in the area. There are three four year colleges and one community college in the encircling vicinity of the community, and a seven year old hospital which offers a variety of medical assistance.

The environments that the study covers are elementary schools with grades pre-kindergarten through fourth grade with an enrollment of 746 at school A, and 643 at school B. The school population of school A is 73.6% African-American, 27.4% Caucasian, and 1.7%

Asian. At least 25% of the parents have less than a high school degree, 60% have a high school degree, and 15% have graduated college. School B's population is 67% African-American, and 33% Caucasian. At least 10% of the parents have less than a high school diploma, 42% have completed high school, 41 % have graduated college and the remaining 7% have Masters degrees. The occupational rank of these parents or guardians range from unemployed to positions in the professional arena: include 15% clerical, 10% managerial, 8% professional, 26% skilled, 9% semi-skilled and 1% unemployed. The majority of the students, approximately 60% are from a two parent household, and the remaining 40% reside in single parent homes, resulting from parental separations, situations of divorce or widowed settings.

The school's operate on a 190 day year where students attend 180 days. Both schools perform with a base staff of three on site administrators, two secretaries, 42 full time endorsed teachers, seven endorsed itinerant teachers, seven instructional aides, three custodians and seven cafeteria employees.

Writer's Work Setting and Role

The writer is a an itinerant Speech Language Pathologist assigned to two schools on a half time

basis, each receives 2.5 days of direct services. She holds Masters' degrees in Rehabilitation Counseling and Speech-Language Pathology, a Certificate of Clinical Competence (CCC) and she is licensed at the state level to render speech and language services. Her rudimentary interest is providing a complete comprehensive linguistic experience in which individual student requirements are addressed within the confines of the particular academic setting. Her role entails identifying, diagnosing, and evaluating the language problems of children. In addition, the clinician provides direct therapeutic services, disseminates information to teachers and parents, and strives to create an atmosphere of co-operation within the regular classroom that will enhance the work of the classroom teacher and her interactions with the language delayed student.

The Speech Language Pathologist is envisioned as the magician who can cure all articulation, fluency, and language disorders, screen any child referred to her by a teacher, and be available for staff or district consultation all within the 2.5 day setting at each school.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

The problem is two fold, first, approximately 80% of the students with mild or moderate speech-language disorders are not being served by the current itinerant model which has been provided in small groups due to the time constrictions placed on the SLP and the large student enrollment. Second, the scheduling for both schools is changing to a parallel block design, this will further inhibit the traditional method of isolated speech service delivery.

The writer has had the opportunity to work in both school settings for five years, and has provided speech-language services to a number of students through direct and indirect methods. During the past five years, the majority of language and articulation referrals were generated from the kindergarten, first and second grades have come through pupil identification or teacher request. The third and fourth grade teachers have made intermittent requests for

service in the form of direct student observation and implementation of strategies for remediation of language as provided by the Speech-Language Pathologist (SLP) or regular teacher. The writer has noticed that the teachers of Kindergarten, first, and second grades want immediate intervention in the form of the traditional method of service delivery. This service is provided by isolating the student from the rest of the class and focusing on the speech-language disorder in a small group setting. This group of teachers has not been exposed to speech remediation service provided in the form of consultation and collaboration within the confines of the regular classroom. The reason for this lack of inservice can be traced to lack of addition time for the SLP to implement new programs due to the large ongoing caseload. In their defense the teachers, are accepting of the model to which they have been exposed; the "pull-out" where the child is taken to the speech room and magical interventions can be performed that will somehow transfer to the classroom and alleviate the language problems of the student. In contrast, teachers of the upper grades consult with the SLP prior to any observed difficulty with the student and solicit any suggestions that may empower them or the student to correct the deficit. It is this group of

the student to correct the deficit. It is this group of teachers who made the initial maneuver to send students to the speech room for mini-sessions for amelioration of specific linguistic deficits.

In the past two years the writer has noticed a growth in the identification of pre-kindergarten, kindergarten and first graders who have scored two or more years behind their peers on the district's receptive and expressive language screening instrument. The routine of the school district has been to screen, identify, evaluate, place and serve these youngsters at the start of each school year. This procedure has identified many more children than the SLP has the time to serve through the traditional model of isolated small group intervention. Many of the students were not being placed in the speech program until four to six months after school had started, due to the large numbers of speech-language identified students. At the end of the school year there are always a number of students awaiting evaluation and placement to fill the slots of those who had been discharged. Consequently, the new school year began with the SLP in possession of a capacity caseload, to be served in small group settings. There was no time for consultation of the

students that come through teacher referral. The writer subsequently began to prepare a list of students whose status was within the moderate and mild range of speech-language disorders. During the past two years the writer has noted that these students have not received regular service due to their non-severe status (Appendix A). This group of students, however are the ones who are referred by the third and fourth grade teachers for periodic language remediation.

The new parallel block scheduling requires the students within each grade level to be homogeneously grouped for mathematics and reading instruction. Classroom teachers from two sections of a grade level will provide instruction to identified students within each group classification. The remaining students from the two classes are to receive whole language and enrichment instruction from an extension teacher, para-professional or SLP. Another factor for consideration is that at least one-fourth of the identified speech-language students at both schools also maybe qualified and for Learning Disability (LD) or Educable Mentally Handicapped (EMH) resource instruction from one to five periods per day, and the time slots for this model may take precedence over speech.

start of the 91-92 school year, the writer identified 120 kindergarten children who were eligible for speech-language services, but were not served. From January to March of this same year, 35 students were screened at the request of teachers. At the beginning of the 92-93 school year 60 kindergarten students were identified as severely language disordered, and 87 fell within the mild to moderate range of impairment. There are also 80 first grade students, who scored within the moderate to mildly impaired range in both receptive and expressive modalities of language at the end of their kindergarten year. These first grade students could benefit from speech-language intervention to help them comprehend the language of the classroom and material presented in this setting.

All of the students enrolled for speech-language therapy were evaluated using a standardized language, articulation, and oral peripheral instrument. They all possessed current Individualized Education Plans (IEP's) and they have completed the due process procedure.

The state mandates a continuous caseload of 60 students for SLP's. The writer maintained a continuous total caseload of at least 65 students who are served a minimum of 50 minutes per week. Time restrictions of

two 25 minute sessions each week does not facilitate remediation in disorders of fluency, voice or phonological impairments. The current arrangement allows the student enough time between therapy sessions to forget the concepts taught. These students tend to become "lifers" within the system and they are usually discharged as reaching "optimum proficiency" following years of therapy, instead of achieving goal proficiency.

In addition to the itemized deficits, the writer has also noticed that the students enrolled or referred for speech intervention demonstrate physical symptoms that intrude on their ability to achieve full academic potential. It has been observed by the writer that many of the students exhibit overt facial tensions that result in or contributes to dysfluent and phonologically impaired speech patterns. This group of students also demonstrate hyperactive-like behaviors and they experience an inability to maintain task orientation for over 2 minutes. Symptoms are displayed that at times interrupt their auditory perception ability. The writer believes that the regular classroom is the perfect environment in which to reduce these stressors in order to improve academics.

Relationship of the Problem to the Literature

In keeping with Public Law 94-142, the role of the school based SLP has been to become a part of an educational team whose responsibility is to provide services to special needs students. It has been discovered that there is very little collaboration within the confines of the teams, as members evaluate the student based on their specific discipline (American Speech-Language-Hearing Association 1991).

With the aid of the SLP and the regular teacher as active participant and collaborator in the teaching process, a language intervention program based in the classroom ensures the student a naturalistic language environment, and a correct interpretation of the material presented by the regular education teacher (Luckett 1990). A collaborative service delivery model for speech-language intervention is transdisciplinary in its purpose as it strives to erase the boundaries between disciplines and permits all members to be equally responsible for the assessment, plan, and intervention associated with the development of the students'academic design. According to Friend and Cook (1991) in order to be successful, specific elements must be incorporated within any program design for collaboration. They are, voluntary participation for all individuals in regular and special education

service delivery, identification and setting of mutual goals, parity of expertise among the teaching professionals, and shared responsibility for decision making and accountability for outcomes no matter the end result.

Once the climate has been assessed for a collaborative program, the speech language pathologist must then attain support from the district level administration and individual building principal. Judith Montgomery (1991) discussed several barriers an SLP needs to conquer in order to implement a collaborative-consultation model for speech delivery. A dominant fear of any administrator is any change that can result in loss of control of a project and or mismanagement of the funding to their school. It is important for the SLP to become self empowered. This requires the SLP to become an integral and interactive part of the administrative staff/ curriculum planning team, to support the growth of a communicative process that will generate a constant flow of information from staff to administration in order to strengthen the collaborative model of service delivery (Montgomery 1990). Added to this, the SLP needs to have a principal who is innovative and attuned to the trends within the special and regular education fields. This

administrator would be dedicated to the aims of equal entrance to the school's total curriculum for all students, have a belief in staff and personal retraining, with a realization in the process of early intervention and prevention.

It has been documented that parental investment in programs for pre-schoolers achieves a high rate of success, especially for children who possess a physical or developmental delay (Bricker & Bruder 1985) (as cited in Miller, Lynch & Campbell 1991). As with teachers and administrators, parents need to feel they are voluntary participants. Program changes that involve the parent as an active participant are novel due to research and legal mandates. The clinical literature for parental support in programs of remediation focuses on the work of Bronfenbrenner (1975)(as cited in Miller, Lynch & Campbell (1990) who realized an interdependence of family to all events in the social structure. The legal endorsement of total family interaction can be established within P.L. 99-457, the Education for All Handicapped Children's Act (1976) Part H. This law organized at the preference of each of the fifty states, makes available the

coordinated services in a comprehensive program for all eligible infants, toddlers and their families. In order to be productive within an educational setting, the collaborative model must function as a teaching entity in the home of the student and in the school under the supervision of a professional and it must provide mentoring models for other parents of handicapped children. Parents are also an integral part of the students' educational support and must be included along with school staff. The family is to be regarded as equal and indispensable partners in the early intervention process. It is the family unit that decides how much participation it wishes to exercise, and what resources, or values it views as beneficial, and not the professional practitioner as has been the practice in the past. As a result of Public Law 99-457 the family must be included in all preliminary arrangements, and strategy planning for all collaborative partnerships involved in the conception of linguistic experiences of regular and special education students (American Speech-Language-Hearing Association 1991). Activities would be designed to enhance the lesson for the entire classroom and yet address the specific goals and objectives of any student who possesses an Individualized Education Plan

(IEP). This model is not meant to replace any of the services provided to special students via the pull out method. The concept behind this model is to provide supplemental materials for concepts learned either in isolation, or to extend the practice for material gleaned through classroom interaction.

Any collaborative venture must be a team effort comprised of teachers or administrators who are involved on a regular basis with the formation of the students' educational plan. This attempt allows the participants to facilitate innovative solutions and to share problems with a group of experts from diverse backgrounds (Idol, Paolucci-Whitcomb, & Nevin, 1986). This relationship of professionals increases the effectiveness of the services delivered to the students who exhibit: (a) developmental articulation or phonological impairments, (b) cultural linguistic differences, (c) language learning impairments, (d) any degree of hearing loss, (e) any developmental disability to include autism or mental retardation (American Speech-Language-Hearing Association 1991). Cheng (1990) states that assessments completed with this model employ data and analysis gleaned from a variety of perspectives which can increase the validity of the total program for the specific student. This is

of value when the student is not a native English speaker.

To build team focus and to develop proficiency in sharing knowledge from a diversity of experiences takes time to form. Members must be able to progress beyond their individual educational specialties and focus on the overall program that is being designed for the individual student (Woodruff & McGonigel 1988).

It is the conviction of the writer that other community factors such as, racial beliefs, family organization, drugs, AIDS and environmental concerns also intrude upon the lives of the students. There are two categories of documented stresses that can be created within the school environment; academic stress, and social stress (Phillips 1978) (as cited in Matthews 1987c). The writer believes that if not addressed, this pattern of stress will seriously impede the ability of the language delayed, dysfluent, and phonologically impaired student from achieving optimum performance in the academic and social setting. Furthermore, review of the literature in this realm gives confirmation to the idea that stress causes physical damage and change to the human body. Selge (1974) defines stress as an adaptive reaction to one's environment, which can result in the willful participation to commit an

action. In other words, the logical and analytical thought processes of an individual are impaired in times of stress. During these periods the stress produces an increase in body activity which is based on the ability of the brain to respond to what it perceives, and what is manifested through the states of arousal and under arousal and are symptoms of impaired functioning (Matthews 1986; 1986b; 1987c). Selye (1950)(as cited in Matthews 1986) catalogues three stages that illustrate stress phases. The first is the alarm reaction, this signifies a change in physical and motivational behaviors that can be measured by an increase in blood pressure and heart rates. The second phase, is the resistance where the individual makes an attempt to endure the stressors in the situation that causes the escalating psychological strain. Finally, the exhaustion phase where all coping mechanisms for endurance are consumed, and if the stress persists the final consequence for the individual is death.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The goal of this practicum was to provide speech and language services to all students from two elementary schools who met criteria within the mild to moderate range of linguistic disorders without pulling students out of important academic classes and causing disruption in their instruction.

Expected Outcomes

As a result of the practicum implementation, the writer expected the following modifications to be made in the pattern of service delivery to the target population of identified mild and moderate speech-language disordered students:

1. 50% of the students identified through speech screening would be seen in the regular classroom, where deficits would be addressed through ongoing classroom curriculum.

2. The SLP would develop a collaborative method of service delivery with at least 5 teachers at each school, for a period of 45 minutes each week.
3. 50% of the severely disordered students upon enrollment in the speech-language program would receive an increase of 30 minutes of therapeutic instruction with the implementation of the collaborative model.
4. The severely disordered students would show an increase in receptive language, articulation or fluency areas,through the completion of 75% or more of their speech IEP objectives.
5. The teachers who have agreed to participate in the collaborative speech-language model would have a different perspective about students who are enrolled in the area of special education. They would be able to defend this concept to their colleagues who are now opposed to any mainstreaming.

Measurement of Outcomes

Student achievement was measured by their individual ability to comprehend and internalize the

academic curriculum presented within the classroom. For the five teachers involved in the practicum process all their speech-language students were served at least one 30 minute period in the classroom. Changes in the identified student grades for each nine week period in the specific academic areas where the SLP was present in the classroom were used as a guide, but not the sole indicator of change. An additional process utilized by one teacher and the SLP was to document the increase in the number of students who worked with the SLP and were able to raise their reading score on the Stanford Achievement Test (SAT) to criterion or above.

The successful completion of speech-language IEP objectives at 85% or better was also a criterion of choice, as this symbolized the student's progress toward dismissal from the speech program. The student's completion of the speech language goals itemized on the current year's IEP and the use of these forms spontaneously within the classroom, at least once per day, was positive demonstration of individual's ability to internalize and generalize language material introduced within the collaborative model. All data measurement was done by the SLP and the teacher in observation period at the end of the practicum period.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solutions

The problem to be solved was two fold. First, approximately 80% of the students with mild or moderate speech-language disorders were not being served through the current itinerant model of service provided in small groups due to the time constrictions placed on the SLP and large student enrollments. Second, the scheduling for both schools changed to a parallel block design, which further inhibited the traditional method of speech service delivery.

Use of the collaborative model in the assessment of the myriad of language disorders present within a given school population, aided the students' becoming desensitized to communication efforts in the regular classroom (Appendix B). Another positive indication for the inclusion of the SLP in the regular classroom was the legislation of laws requiring that all handicapped students be educated in the least restrictive environment. The students were not absent from

classroom activity in either academic or social contexts which would further postpone language remediation. The collaborative model influenced accountability for the mastery of the objectives on the Individual Education Plan. We are now confronted with a diverse school population whose legacy included physical, neurological, chemical and transmissible abnormalities which have intruded on the individual's cognitive ability and level of functioning in the structured academic environment. Due to increased numbers of students who exhibited speech-language deficits in addition to a variety of physical and cognitive anomalies, the traditional "pull-out" method of speech-language correction was no longer a viable means of service remediation. According to Sharon Wadle (1991) the Speech-Language Pathologist (SLP) can no longer rely on the old medical model which advocated the isolation of a child in a small group setting in order to correct a speech-language deficit. Both the student-client and the speech-pathologist need the inter-active process in the classroom in order to correct the linguistic disorders.

Students learn language through a process known as "generalization" (Hart 1982) this is the continued use of a learned linguistic structure in a natural setting

with a variety of contexts and a number of different persons. This type of format was limited in the traditional model of delivery and typically the contexts of remediation are not related to the classroom curriculum.

Collaborative service delivery's intention from an SLP's view had two aims. First, it endeavored to evaluate and administer to students with all communication disorders in as natural a setting as possible. This maintained the stipulation in P.L. 94-142 and the provision which required appropriate educational services be provided to meet the needs of all exceptional students. Second, there was an obligation on the part of the SLP to intensify the speech language program for all students and for this she had to have the support of the classroom teachers. The collaborative model furnished the SLP with information in three major classifications: (1) an occasion to observe and evaluate a student's communicative style and ability with peers in the context of the classroom, (2) to become familiar with the students' communication strengths and weaknesses within a number of different contexts, (3) to distinguish the curriculum characteristics that may cause the student's inability to demonstrate

appropriate social or linguistic communicative functions. (American Speech-Language-Hearing Association 1991).

The facts presented by the literature were indicative of the new teaching model emerging in the field of speech language pathology within the confines of public schools. Inclusion of the clinician as an integral part of a classroom setting would allow her to spontaneously convey the para-linguistic qualities of communication which so many of the language delayed or disordered students are not cognizant.

Two concepts that cannot be ignored if the team was to develop skills necessary for consensus building were facilitation, and role definition by the individual members. The group leader must manifest the capability to manage meetings, establish knowledge about the overall educational goals of the individual school and district, and guarantee that any plan devised be implemented. The team members are accountable for the creation and implementation of the various educational goals. One member would be assigned as the primary supervisor for starting procedures and goals as designated. This individual can be a resource teacher, an SLP, or a regular education teacher. For example, the SLP may be asked to evaluate a student's

receptive understanding of the language used in a class setting. The SLP would then take primary responsibility for the evaluation and development of the goals that would remediate these deficits. Input and consultation with other teachers who were involved with this student would be beneficial to the evaluation, and the results of the assessment would then be shared with the team. Responsibility for specific goals would be delegated to the teachers with whom the student comes into contact each day. The SLP would provide suggestions and strategies to aid the student in comprehending the language and vocabulary presented in the classroom.

Description of the Selected Solution

Trends in language education have been undergoing significant change in the past years. More recognition has been given to the concept that some academic learning disabilities may be linguistically based (Bernsten & Tiegeman 1989). In the past, educators sought to find the deficit in the child rather than reevaluating the learning environment or curriculum. The search in the field of special education has been to locate a basis for any disability in a learner, and then subject the learner to the mastery of a sequential set of subskills aimed at the remediation of the

initial deficit. The focus for this pattern of remediation was twofold: (1) a belief that all children can learn if the whole is reduced to segments; (2) the segments can be identified and measured by diagnostic evaluation which would pin point the area of treatment for the teacher (Montgomery 1991).

In 1987 the Council for Exceptional Children, through the Regular Education Initiative (REI), sought to provide more services for special education students within the composition of the regular education classroom. Additional support for this paradigm shift was the move of some teachers to approach the instruction of reading from a whole language pattern. Although not a novel concept, the philosophy in the instruction of whole language advocates the necessity of blending a variety of language forms within the development of a child's literacy abilities. The Speech Language Pathologist (SLP) can be a professional source for information in the development of a whole language curriculum within a regular class setting. Any model developed to explain whole language was familiar to the SLP, as it is based in children's language acquisition and patterns of learning. The writer has been trained to adapt and implement the whole language strategy so

that a specific curriculum can be targeted to serve all children.

The difficulty that arises within any regular classroom setting was the request from the regular teacher for help for those students who were: (1) unable to comprehend the language of the classroom environment, (2) who are inattentive and cannot follow instructions, (3) and who appear to day dream throughout the entire class. Whole language theory maintains that in order to excel in the learning of a language, the student must use the language. Total immersion of the student into a variety of meaningful language activities that also encompass language literacy is essential. Reading or being read to from a plethora of sources also must become an indispensable daily activity. Diverse experiences can be internalized by a student through constant repetitions of the same material over a span of time. The student would then be able to grasp comprehension of the event, combine it with their knowledge base, and make meaning out of the printed or spoken word (Goodman & Goodman, 1981). A major difference between the whole language philosophy and that of the traditional model, was the relationship of oral language to written language (Westbury 1991). The logical extension of the reading, would be the

establishment of planning, writing, and revision of written material relevant to the needs of the student (Newman, 1985, Watson & Crowley 1988).

Research into the development of early literacy identified components that are common to both written and expressive language. All people must have some motivation to communicate and this force or exchange is called pragmatics. According to Haste, Woodward & Burke (1984) a minimum of two persons, a speaker and a listener or a writer and a reader, must be involved in any exchange. Meaning inherent in the language process are the semantics which provides the logic and function within an exchange (Holdaway, 1979). Ideas that are extended by the speaker are transmitted in a specific format which is called the syntax (Oller 1989). The syntactical format can be as long as a sentence, a story or a complete novel. The code or letters used in this process to transmit the printed word is the graphophonemics. In any language usage all these components must be present and interacting (Goodman, 1986; Smith; 1982). A user of language does not master one component in isolation and then move to a second form or concept. The simultaneous exposure to the total interactive language process adds to the individual's ability to make meaning out of the particular language

experience (Wells, 1986). In order to truly comprehend whole language theory, one must be able to listen to reading and writing patterns within a variety of subject modalities. All forms of communication must be produced within a context that influences what, how and why things are said (Haste, et. al. 1984). The process of learning through the medium of whole language is an interactive one. Each student must incorporate new material into existing knowledge and behaviors, which in turn adds to information in language rules and vocabulary (Goodman 1986). Prior to explanation of the function and application of the SLP's role within a whole language class format, it is imperative to dispel five common myths that pertain to whole language instruction. It has been the writer's experience that these interfered with the process of instruction.

First, most parents and teachers equate the teaching of specific phonemes, phonological processes, morphological and pragmatic rules, and syntactic structures as the solitary goal of speech-language intervention. Literature indicates (Britton, Burgess, Martin, McLeod & Rosen, 1975) that children learn language in order to accomplish specific objectives, obtain meaning, and inform or influence others. Language also has a dimension of creativity and self-

expression which empowers the user with the ability to explore and re-organize linguistic information, that enhances problem solving skills (Britton et. al 1975).

Second, it is incorrect to believe that the teaching of language forms will automatically lead the student to the patterns of generalization necessary for the functional use of language (Bricker, 1986; Fey, 1986). It has been documented by researchers (Cummins, 1984; Gentry, 1989) that isolated drills which focus on picture cards or repetition of a specific form of language, do not provide the background necessary for the child to integrate the language form into his frame of experience. The student must understand the objective of the language format within the context that it is being used. Attempts at isolated teaching of new forms in this type of drill situation does not provide evidence that the student is obtaining sufficient experiences to promote further language development (Winitz, 1983).

Third, in order to speak correctly, a language delayed student must be taught structures that are sequenced and appropriate to his developmental age. It has been documented that children with language delays acquire similar language developmental milestones as their normal peers (Bernstein & Tiegerman, 1985; Fey,

1986). Intervention must focus on strategies for the functional use of language in terms of sharing experiences with others, and learning how to glean more information from the environment and peers through the use of language (Bruner, 1983; Wells, 1986).

Fourth, the SLP should not be expected to focus on the reinforcement and modeling of correct linguistic forms as the primary means to strengthen language deficits. The errors that are made by children serve as a marker which represents their level of language understanding. Continued reinforcement and modeling of only correct responses for the child with language deficits, opposes current research findings. Goodman (1986) and Gentry (1989) have stated that to suppress language errors also leads to suppression of learning. Children progress in learning a language from one manifestation of errors to another, from continuous accumulation and assimilation of the knowledge base necessary for the construction of the correct adult grammatical form (Brown, 1973; Scollon, 1979). This learning process has been described as a time consuming period of exploration and innovation, but essential if the child was to develop and explore all configurations of language.

Fifth, children like adults concentrate on the items that hold their attention, and would not persist on a task solely for the tangible reinforcement (Bruner, 1983). The therapy room was the only structured environment where a child received a verbal or tangible reward for the production of a linguistic string. When this exchange takes place in a natural environment, the message created the appropriate response from a listener that would be meaningful to the child/speaker (Norris 1988).

The basic whole language model advocated continuous enhancement of the child's abilities in language rather than focusing on a particular disability. The focal point for the concept of whole language is the combination of the reading and writing process into an integrated language system. A child who has the capability of talking would be able to learn to read and write. However, the converse of this statement must be clearly understood if the child is to experience success in the whole language program. The interactions between reading and writing must be understood by the participant, be meaningful in an

individual sense, and serve to fulfill a purpose within the student's interests and abilities. The student must be motivated to take age old concepts and apply them to problems that appear within his or her generation, and thus, find interdependence and harmony between the two (Fluellen 1990).

Any student would be motivated to increase his or her language skills if the stimulus material used enhanced their pragmatic, semantic, syntactical and phonemic knowledge (Rosser 1990; McVitty 1986). Knowledge of this sort was critical to students who enter school with an oral language deficit. In order to be competent in the learning of language, the content material used must be no more than one level above the functioning ability of the student (Krrashen 1982). The more predictable the context of the language exchange used, the more it will simplify language learning (Brunner, 1983: Nelson, 1985).

Teachers must be cognizant not only of the student's skill on the pragmatic, semantic, syntactical and phonemic level, but also in the level of the material used in the classroom texts (Newman 1985). The more predictable the context of the language exchange used in the instruction of a specific lesson, the more it will simplify the learning process (Brunner, 1983;

Nelson, 1985). Any student would be motivated to increase his or her language skills if the stimulus material enhanced the pragmatic, semantic, syntactical and phonemic knowledge. Knowledge which imparted these concepts was critical to students who entered school with an oral language deficit.

Report of Action Taken

The SLP worked to improve the identification of the student's current level of functioning in conjunction with the teacher in the context of the classroom setting. Support also was provided in the form of planning comprehensible, useful and effective material that would reach the student within the specific area of deficit. The SLP collaborated with the classroom teacher in the following ways: (a) in the assessment of current language functioning in each facet of language, (b) in the reviewing and evaluation of language requirements of materials used in the classroom, (c) in the development of techniques to be used with the diverse academic and cultural background of the children in the specific class (Norris & Damico 1990).

The SLP adhered to a model by Cherniss (as cited in Marvin 1989) that described the six levels of

collaborative readiness that must be reached by the collaborative team. These are that (1) the attitude of the partners on the team had to be amicable; (2) the teacher and SLP met on a regular basis to discuss work related problems that arose in the classroom setting; (3) each partner followed through on any suggestions made and agreed upon in the collaborative effort; (4) the relationship between the teacher and SLP was reciprocal, in that each person sought the other's support in the teaching effort; (5) both participants in the partnership initiated contact with each other in the work place; (6) both professionals learned to recognize the benefit of the cooperative investment they are making within the individual school setting.

The SLP was prepared to experience resistance from those parents who believed that the service delivery provided in an individual setting was more intensive than services delivered within the classroom. Recently, there has been a surge in the database collections that point to the effectiveness of classroom based interventions (e.g., Cole & Dale 1986; Edwards, 1987; Hart, 1985; Warren, McQuarter, & Rogers-Warren, 1984; Yoder, Kaiser, & Alpert, 1991) and these results had to be individually shared with those concerned parents.

The SLP's major role within the regular or special education classroom was to facilitate and aid in the design of language activities that strived to provide contexts for the genuine use of language. A technique known as "scaffolding" was used within this context. It enabled the SLP to circumvent the giving of verbal directions, and use prompts which gave the student an opportunity to become an active partner in the language exchange. For example, the SLP invited the students to participate in an activity rather than direct their performance with suggestions as "tell me where," "what else could be done in this situation." The focus within this collaboration was to optimize the participatory effort of all the children through the learning modality and instructional activity taught by the regular teacher.

The SLP/writer selected three models formulated by Simon and Myron-Gunyuz (1990) on which to base her program of collaborative intervention. The first, allowed the SLP to enhance the language skills of an entire group or class on a regular basis through her role as a collaborating teacher. The intention of this model was to allow the SLP an opportunity to synthesize and relate language skills directly to the curriculum within a classroom setting on a regular basis. The SLP

was free to combine the skills of oral expression development, and metalinguistic development into as many associations as the children are able to comprehend.

The second model was curriculum based in context, and allowed the SLP to function as a team teacher who was responsible for pupil support in the comprehension of specific objectives that had been delineated by the teacher. The SLP had an opportunity to observe student behavior as it related to the understanding of communicative tasks in this setting. In this model the SLP would have to provide all materials to be used by the students in this class.

Finally, the formula model allowed the teacher and SLP to work together as a team to plan lessons, develop materials, and design individualized student and class resources which were based on curriculum and district goals. In this format the SLP met with the class on a weekly basis, and taught for one-half of the time. Both team members have a shared responsibility to select, plan and implement materials for the structure of lessons.

These communication goals were present in all academic content areas and it is in the SLP's advantage to utilize as much of a diversity within the collaboration process as possible.

Other avenues of collaboration to be instituted by the writer within the school year, was the use of vocabulary extension through the medium of children's literature. The writer read fairy tales to Educable Mentally Handicapped (EMH) students in a self-contained classroom, this fostered the children's use of observations, predictions, higher level inference skills and decision making judgements (Blank, Rose & Berlin 1978). This group was targeted for this type of service as an extension of a self esteem activity done earlier by the writer.

The development of the collaborative speech language pattern was founded on the axiom that the SLP, regular teacher and peer group can all provide model behaviors for others to observe and assimilate. One of the best instruction techniques in which to facilitate this type of learning is through co-operative learning. The SLP attended a district class on the techniques as described by Johnson & Johnson for achieving success in the area of grouping and instruction in co-operative learning. This was of service to the SLP in terms of

administration of group instruction within those classrooms that use the technique.

The format was provided through a team-teaching and peer coaching collaborative speech delivery model at both school locations. The identified caseload of students was limited to individuals who possessed a current speech-language IEP, and whose speech-language and hearing disorders directly prejudiced their school performance as cataloged by a speech-language evaluation and teacher recommendation (Brush 1987). This intervention program, based on a team-teaching format enabled teachers of regular and special education to work together for the remediation of student's severe language disorders within the classroom setting.

Chapter V

RESULTS, DISCUSSION, AND RECOMMENDATIONS

Results

The problem that existed in the writer's work setting was two fold. First, approximately 80% of the students with mild or moderate speech-language disorders were not served by the itinerant model of speech language therapy dispensed through a small group model due to the time constrictions placed on the SLP and the large student enrollment. Second, the scheduling for both schools changed to a parallel block design, which further inhibited the traditional method of isolated speech service delivery. Another factor for consideration is that at least one-fourth of the identified speech-language students at both schools also are qualified for Learning Disability (LD) or Educable Mentally Handicapped (EMH) resource instruction from one to five periods per day, and this model may take precedence over speech-language time slots.

The solution to the problem was to be able to dispense speech language therapy in an atmosphere that utilized a transdisciplinary approach for the students with identified language deficits. The strategic direction for the SLP was the creation of an alternate model for speech delivery and to create team focus and develop proficiency in sharing knowledge gleaned from the diversity of disciplines. Most important was the realization that this process took time to inaugurate and implement. All members of the teaching staff have to be able to transcend the boundaries of their individual educational specialties and concentrate on the program design for the individual student.

The goal of this practicum was to provide speech and language services to all students from two elementary schools who met criteria within the mild to moderate range of linguistic disorders, many of whom have not been previously served. It was also the goal of the writer to provide these services without pulling students out of important academic classes and causing disruption in their instruction.

Specific objectives were devised to obtain these goals. The ensuing list includes each objective and the results correlated to that objective.

At the start of the 1992-93 school year the SLP identified students at both schools who qualified for speech -language services. The following information offers a summary of the results of the implementation of the collaboration model.

One outcome was that 50% of the students identified though speech screening would be seen in the regular classroom, where deficits would be addressed through ongoing classroom curriculum.

The writer was able to serve 25 of the identified 87 kindergarten students who scored in the mild to moderate range for speech language remediation through the collaborative model. This reflects that 40% of students who would not have been able to receive speech-language services in past years have been able to overcome or obtain ongoing intervention into their individual obstacles to language.

The second objective outcome projected that the SLP would develop a collaborative method of service delivery with at least 5 teachers at each school, for a minimum period of 45 minutes each week.

At school A the SLP was able to fulfill the objective and establish a weekly period of service delivery with 5 teachers for the prescribed time of 45 minutes, which reflects 100% achievement. At school B

the SLP was able to interact with 20% of the identified teachers in the collaborative weekly exchange for the duration of the practicum process. There were however, four teachers who allowed the writer entrance into their classes for short term collaborative sessions of 30 minutes for three week time periods, or as deemed necessary by each teacher.

The third outcome projected that 50% of the severely disordered students would receive an increase of 30 minutes of therapeutic instruction in the collaborative model as compared to the pull-out program.

The SLP was able to serve 12 students at School A who were enrolled in a self contained classroom an extra 50 minutes weekly, and five students received an additional 30 minutes of therapy weekly. This reflected 24% of the severely language disordered students recieved additional theraputic time. School B's students received block times of 60 minutes, with service also being granted to 10 mildly impaired students not enrolled for one 45 minute time period weekly. Of the 65 students enrolled on a continuous basis 10 students achieved sufficient proficiency to be dismissed from the program and 11 others demonstrated a percentage of 70% accuracy on 75% of the IEP objectives

basis 10 students achieved sufficient proficiency to be dismissed from the program and 11 others demonstrated a percentage of 70% accuracy on 75% of the IEP objectives by the end of the eight month practicum process at both schools. The writer also utilized the scores on the SAT in Reading comprehension with six fourth grade students who were not enrolled in the speech program but who participated in the collaborative process. All students passed theis section of the SAT with attainment of criteria or above. This result is not due solely to the speech model but the writer and the individual teacher perceive the process to have made significant impact in the comprehension mechanism of these individuals. The writer does not know if the ability to generalize and conserve the acquired information will be maintained over the vacation period.

The fourth outcome projected that the teachers who agreed to participate in the collaborative speech-language model would have a different perspective about students who are enrolled in the area of special education. They would be able to defend the concept of inclusion of special education students in the regular classroom to their colleagues who are now opposed to any concept of mainstreaming. The only criteria for

colleague that this experience was positive.

At School B the writer was informed by the administration that it was noticed that she did not utilize her room as most of the language remediation was completed in the student's classroom. Therefore due to space restrictions the speech room was moved to an open area void of permanent walls but with adequate seating and storage for three students and the SLP. This was the main measurement of the impact of the practicum on the school administration and their perception of the entire process, and it was positive.

Discussion

The implementation of the proposed strategies was a task impeded with much protest from a segment of regular and special education teachers who could not foresee any merit in the collaboration model. The proposed number of five teachers to be included in the project was attained at each school who willingly participated. In the beginning three sessions were needed for observation by the SLP as to the teacher's method of instructional delivery, which included vocabulary patterns, how directions were presented to the students, and if repetitions were utilized by the teacher or did the student have to initiate a request.

Also noted was the eye contact pattern used by the teacher, seating arrangements, teacher movement in the classroom, vocal intensity and facial expression of the teacher to the students, and if there was a difference in any of the patterns between the regular child and the language delayed child. During the initial contacts only the teacher and the SLP knew the designated speech-language students. This format assisted the SLP to move throughout the classroom and to spontaneously select a variety of students who needed help. The areas targeted during this time were repetition of directions, rephrasing of a content statement or in the reading of material presented at grade level as these students were able to receptively formulate the correct information through aural comprehension and deductive reasoning processes.

The foundation for this entire reformation of the speech delivery was founded on the premise that the SLP and teachers of regular students and special education students become a unified working team with mutual respect and affirmation of the specialties individual team members bring to the process of teaching.

A four year plan has been developed by the writer to promote this philisophy and continue the

implementation of the solutions determined (Appendix C).

Recommendations

1. It is recommended that the program for the establishment of a collaborative consultation in the method of service delivery of speech language services be implemented on a full time basis at School A and B by the SLP at the start of the new academic year.
2. It is recommended that the yearly format and mission statement for a Speech Language Pathologist (Appendix C & D) be presented to the Co-ordinator of Exceptional Services for approval and adoption as a district format.
3. It is recommended that the SLP become involved in thematic unit teaching for students within self contained settings as approved in consultation with teacher.

Dissemination

This practicum will be presented to the Speech Language Pathologists in the writer's district as a part of the yearly inservice program. Further plans include dissemination to other areas in the form of printed or live workshop presentation at local and state professional organizational gatherings.

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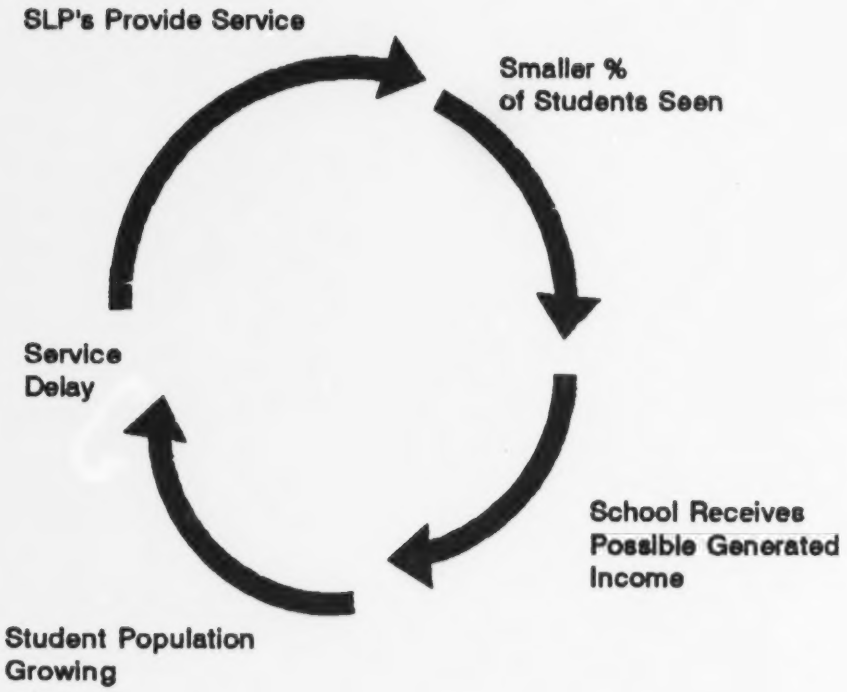
APPENDIX A

CURRENT SPEECH MODEL FOR 93

Self-Limiting Growth



Possible Obstacles

1. Teacher/Administrator training required
2. SLP has to be committed to this model
3. Lack of flexibility for teacher or SLP

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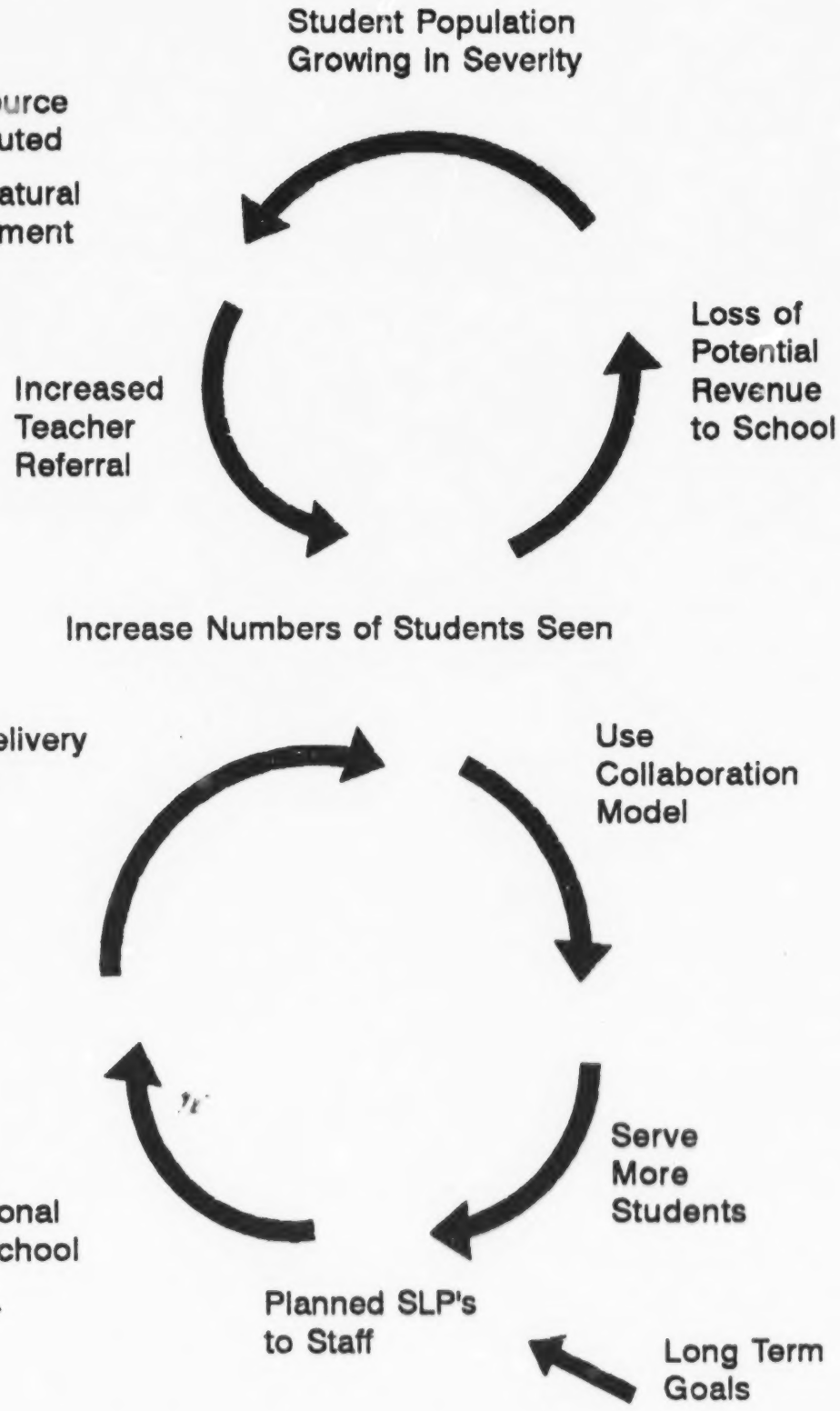
APPENDIX B

PROPOSED SPEECH MODEL WITH COLLABORATION

SELF-SUSTAINING GROWTH

Positives

1. District has resource collaboration instituted
2. Service within natural classroom environment


Student Population Growing In Severity
Loss of Potential Revenue to School
Increased Teacher Referral
Increase Numbers of Students Seen
Improved Delivery to Students
Use Collaboration Model
Serve More Students
Generate Additional Revenues for School
Planned SLP's to Staff
Long Term Goals

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APPENDIX C

MISSION STATEMENT FOR A SPEECH LANGUAGE PATHOLOGIST IN IMPLEMENTING THE COLLABORATIVE SPEECH LANGUAGE MODEL

Mission Statement for a Speech Language Pathologist in Implementing the Collaborative Speech Language Model.

WHEREAS, the mission of any School District, enriched with cultural diversity, is to empower all students to be problem solvers, users of technology, effective communicators and life long learners in a rapidly changing global community, by providing challenging experiences in a safe, caring, supportive and cooperative environment.

WHEREAS, the Speech Language Pathologist (SLP) at All Elementary Schools will organize and design a collaborative, inclusive speech and language enrichment program that will be culturally diverse for all pre-kindergarten through fourth grade students.

WHEREAS, the SLP will introduce and demonstrate speech and language activities that will facilitate positive linguistic reading and writing experiences for all students regardless of placement and or academic setting.

NOW THEREFORE LET IT BE DECLARED, that this ought to be an acceptable option to the current method of speech and language delivery as it is presented through **COLLABORATION, CONSULTATION with INCLUSION** as a viable segment and using the

CURRICULUM OF CHOICE

augmented with **TECHNOLOGY, SCIENCE, MUSIC, ART, and PHYSICAL EDUCATION** for teachers, in programs pre-kindergarten through fourth grade in Elementary Schools.

APPENDIX D

A FOUR YEAR PLAN FOR THE IMPLEMENTATION OF THE SPEECH-LANGUAGE COLLABORATION MODEL

Four Year Plan For The Implementation of The Speech-Language Collaborative Model.

Year 1: To bring awareness to the restructuring of the speech-language program.

Method: To train and re-educate teachers, administration and peers to the concepts of collaboration. To be instituted by the Speech-Language Pathologist (SLP).

Evaluation: Needs assessment to be completed, increase in the number of teachers seeking information.

Budget: Incorporated into yearly schedule of the SLP, trade off as a decrease in planning time and use of after school time. May need to include use of consultants for initial training. To be provided through Exceptional Services. To seek funding sources through Education Improvement Act for teachers within the state.

Year 2: Increase an understanding of "how to" implement collaboration in the classroom. Training directed to SLP's in the district.

Method: Recruit a group of 5-7 teachers to volunteer for participation in the pilot collaboration project.

Evaluation: There should be an increase in the amount of requests for students to be served. Pre-existing instruments will be utilized to establish eligibility according to South Carolina department of education criteria.

Budget: To demonstrate to the school district that use of this model will increase medicaid and federal dollars, and can fund at least one full time SLP at each elementary school.

Year 3: Expansion, implementation and commitment.

Method: To have pilot program, the collaborative speech-language service delivery approved by the Co-ordinator of Exceptional Services and operating full time in the writer's school within a year of approval or earlier.

Evaluation: There will be active participation of team-coaching and team teaching by the SLP and at least one half of the teaching staff across the preferred curriculum.

Budget: See Appendix C for diagram as to how to increase funding via federal monies. Begin to use school based technology in sessions.

Year 4: Expansion of the collaborative language activities implemented though culturally diverse materials and instituted district wide, or published and disseminated through professionals journals.

Method: To have the SLP actively involved in service delivery within the classroom and pull-out delivery utilized only for severe fluency or phonological disorders. To present the mission statement for this program in a request for funding (see Appendix D).

Evaluation: 70% mastery of IEP objectives will be attained by the students in the program. Ability to generalize and use language deficits in a correct manner will be demonstrated in the regular classroom.